



Linda McCulloch, Superintendent  
Office of Public Instruction  
PO Box 202501  
Helena, MT 59620-2501

**School District Claim for  
State Reimbursement for  
Individual and Isolated Transportation**

State ☐  
District ☐  
County ☐

**DUE  
DATES:**

**First Semester**  
February 1 to County Superintendent  
February 15 to State Superintendent

**Second Semester**  
May 10 to County Superintendent  
May 24 to State Superintendent

**COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION:**

This claim is for the period beginning \_\_\_\_\_, 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_.  
month day month day

**CERTIFICATION:**

The information on this form is complete and accurate to the best of my knowledge.

Date			Signature, Chair, Board of Trustees			
County: <b>24 Lake</b>			District: <b>0477 Polson Elem</b>		District Level: <b>Elementary</b>	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
23	2311	No	Seeman, Keela		5.25	



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Date			Signature, Chair, Board of Trustees			
County: <b>24 Lake</b>			District: <b>0478 Polson H S</b>		District Level: <b>High School</b>	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
23	1710	No	Hanson, Robert		1.80	



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County:			District:		District Level:	
24 Lake			0481 St Ignatius K-12 Schools		High School	
District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
28	1726	No	Gariepy, Fred		9.25	



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County:		District:		District Level:	
<b>24 Lake</b>		<b>0486 Swan Lake-Salmon Elem</b>		<b>Elementary</b>	
<b>District #</b>	<b>Contract #</b>	<b>Shared</b>	<b>Family's Name</b>	<b>Daily Rate</b>	<b># of Days Transported</b>
73	1705	No	Dexter, Darla	1.50	_____
73	1720	No	Clarke, Paula	1.50	_____
73	1721	No	Love, Monique	7.00	_____
73	1722	No	Love, Paulette	3.50	_____
73	1723	No	Love, Paulette	7.00	_____
73	1724	No	Luckow, Kyle	7.00	_____
73	2261	No	Asmussen, Kellee	7.50	_____



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District #	Contract #	Shared	Family's Name		Daily Rate	# of Days Transported
7J	2312	No	Kile, Jane		0.95	



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<b>24 Lake</b>		<b>1211 Upper West Shore Elem</b>		<b>Elementary</b>	
District #	Contract #	Shared	Family's Name	Daily Rate	# of Days Transported
33	1000	No	McMahon, Joe & Nola	0.25	_____
33	1001	No	McMahon, Joe & Nola	0.25	_____
33	1701	No	Unde, Sherry	1.50	_____
33	1702	No	Nielsen, Crystal	1.50	_____
33	1706	No	Fischer, Rebekah S	4.50	_____
33	1707	No	Elkins, Tammy	1.00	_____
33	1708	No	Elkins, Tammy	2.00	_____
33	1725	No	Tressel, Cheri	1.50	_____